



Brazosport Outpatient Rehabilitation Services

Phone: (979) 299-2884 Fax: (979) 285-1425

Physician Order

- Pediatric Occupational Therapy
- Pediatric Physical Therapy
- Pediatric Speech Therapy

Patient: _____ Date Of Birth: _____ Date: _____

Parent(s) Name: _____ Phone Number: _____

Diagnosis: _____

ICD-9 Code(s): _____

Area to be Treated: _____

Frequency: _____ Duration: _____

- Therapist Evaluate and Treat

Treatment Goals: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Sensory integration | <input type="checkbox"/> Stretching | <input type="checkbox"/> Articulation / Motor Speech Skills |
| <input type="checkbox"/> Fine motor skills / coordination | <input type="checkbox"/> Strengthening | <input type="checkbox"/> Expressive Language Skills |
| <input type="checkbox"/> Handwriting skills | <input type="checkbox"/> Balance / Coordination | <input type="checkbox"/> Fluency Skills |
| <input type="checkbox"/> Feeding skills | <input type="checkbox"/> Gross motor skills | <input type="checkbox"/> Oral Motor Skills |
| <input type="checkbox"/> Self-help skills | <input type="checkbox"/> Gait Training | <input type="checkbox"/> Receptive Language Skills |
| <input type="checkbox"/> Feeding skills | | <input type="checkbox"/> Swallow Function |
| <input type="checkbox"/> Cognitive skills | | <input type="checkbox"/> Voice Training |
| <input type="checkbox"/> Social skills | | |

Special Instructions: _____

Special Precautions: _____

Physician Signature: _____